## Medicaid Mental Health and Mental Health Services Plan Services Excluded from Simultaneous Reimbursement January 15, 2003

The following matrix identifies services that will not be reimbursed when provided on the same day:

	PHP/IDT	Day Tx	1/2 Day Tx	CSCT	OP	CBPRS	Respite	TGH	TFC	AGH	AFC
PHP/IDT		Х	X	Χ		Χ					
Day Tx	Χ		Х	Χ		Χ					
1/2 Day Tx	Χ	Χ		Χ							
CSCT	Χ	Χ	X		Χ	Χ				Χ	Χ
OP				Χ							
CBPRS	Χ	Χ		Χ							
Respite								Χ		Χ	
TGH							Χ		Χ	Χ	Χ
TFC								Χ		Χ	Χ
AGH				Χ			Χ	Χ	Χ		Χ
AFC				Χ				Χ	X	X	

PHP/IDT - Partial Hospitalization/Intensive Day Treatment - Z0912, Z0913, Z0914, Z0915

Day Tx - Day Treatment, Youth, Full Day -Z0632

½ Day Tx – Day Treatment, Adult and Youth, Half Day – Z0631, Z0633

CSCT - Comprehensive School and Community Treatment - Z0654

OP - Outpatient Therapy - 90804, 90806, 90810, 90812, 90846, 90847, 90849, 90853, 90857

CBPRS - Community Based Psychiatric Rehabilitation and Support - Z0634, Z0635

Respite - Z0650, Z0651

TGH - Therapeutic Youth Group Home, Moderate, Intensive, Campus - Z0670, Z0671, Z0672

TFC – Therapeutic Youth Family Care, Moderate, Permanency – Z0676, Z0678

AGH – Adult Group Home – Z0652

AFC - Adult Foster Care - Z0653